

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. <b>PT-2683-US-NP 17771/002001</b>		
Application No. <b>10/645,962-Conf. #8400</b>	Filing Date <b>August 22, 2003</b>	Examiner <b>Jonathan R. Stroud</b>	Art Unit <b>3774</b>		
Applicant(s): <b>David F. Farrar et al.</b>					
Invention: <b>TISSUE REPAIR AND REPLACEMENT</b>					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>Claims Remaining After Amendment</b>	<b>Highest Number Previously Paid</b>	<b>Number Extra Claims Present</b>	<b>Rate</b>	
<b>Total Claims</b>	0	- 20 =	0	x	
<b>Independent Claims</b>	0	- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
_____/David L. Fox/ David L. Fox Attorney/Agent Reg. No.: 40,612  OSHA · LIANG LLP 909 Fannin Street, Suite 3500 Houston, Texas 77010 (713) 228-8600			Dated: <u>June 7, 2011</u>		